

— THIS FORM MUST BE KEPT CONFIDENTIAL —

FW-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Timothy Huggins - T-61979 PO BOX 5244 CORCORAN, CA 93212		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	E-filing 1578 SBA
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name): IN PROPIA PERSONA		
NAME OF COURT: UNITED STATES DISTRICT COURT FOR THE STREET ADDRESS: NORTHERN DISTRICT OF CALIFORNIA MAILING ADDRESS: U.S. COURTHOUSE CITY AND ZIP CODE: 450 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102-3483 BRANCH NAME:		
PLAINTIFF/ PETITIONER: Timothy Huggins		08
DEFENDANT/ RESPONDENT: Kathy Prosper ET-AL.		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER:

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am **not** able to pay any of the court fees and costs.
b. ☐ I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

AS ABOVE

3. a. My occupation, employer, and employees address are (specify):

I AM INCARCERATED

- b. My spouse's occupation, employer, and employees address are (specify):

N/A

4. ☐ I am receiving financial assistance under one or more of the following programs:

- a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
c. ☐ **Food Stamps:** The Food Stamp Program
d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. ☐ (Optional) My Medi-Cal number is (specify):

- b. ☐ (Optional) My social security number is (specify):

☐ - ☐ - ☐ and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]

- c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.

[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: **03-13-08**

TIMOTHY HUGGINS T-61979

(TYPE OR PRINT NAME)

(Financial information on reverse)

Timothy Huggins T-61979

(SIGNATURE)

FW-001

PLAINTIFF/PETITIONER: <u>Timothy Haggard S.</u> DEFENDANT/RESPONDENT: <u>Kathy Prosper ET AL</u>	CASE NUMBER: _____
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FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. *[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]*

9. MY MONTHLY INCOME

- a. My gross monthly pay is: \$ 0
 b. My payroll deductions are (specify purpose and amount):

(1) _____ \$ /
 (2) _____ \$ /
 (3) _____ \$ /
 (4) _____ \$ /

My TOTAL payroll deduction amount is: \$ 0

- c. My monthly take-home pay is
 (a. minus b.): \$ 0

- d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) _____ \$ /
 (2) _____ \$ /
 (3) _____ \$ /
 (4) _____ \$ /

The TOTAL amount of other money is: \$ 0
(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ 0

- f. Number of persons living in my home: _____
 Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ <u>/</u>
(2) _____	_____	_____	\$ <u>/</u>
(3) _____	_____	_____	\$ <u>/</u>
(4) _____	_____	_____	\$ <u>/</u>
(5) _____	_____	_____	\$ <u>/</u>

The TOTAL amount of other money is: \$ 0
(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f): \$ 0

10. I own or have an interest in the following property:

- a. Cash \$ 0
 b. Checking, savings, and credit union accounts (list banks):
- (1) _____ \$ /
 (2) _____ \$ /
 (3) _____ \$ /
 (4) _____ \$ /

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ <u>/</u>
(2) _____	\$ _____	\$ <u>/</u>
(3) _____	\$ _____	\$ <u>/</u>

- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ <u>/</u>
(2) _____	\$ _____	\$ <u>/</u>
(3) _____	\$ _____	\$ <u>/</u>

- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

11. My monthly expenses not already listed in item 9b above are the following:

- a. Rent or house payment & maintenance \$ /
 b. Food and household supplies \$ /
 c. Utilities and telephone \$ /
 d. Clothing \$ /
 e. Laundry and cleaning \$ /
 f. Medical and dental payments \$ /
 g. Insurance (life, health, accident, etc.) \$ /
 h. School, child care \$ /
 i. Child, spousal support (prior marriage) \$ /
 j. Transportation and auto expenses (insurance, gas, repair) \$ /
 k. Installment payments (specify purpose and amount):

(1) _____ \$ /
 (2) _____ \$ /
 (3) _____ \$ /

The TOTAL amount of monthly installment payments is: \$ 0

- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ 0
 m. Other expenses (specify):

(1) _____ \$ /
 (2) _____ \$ /
 (3) _____ \$ /
 (4) _____ \$ /
 (5) _____ \$ /

The TOTAL amount of other monthly expenses is: \$ 0

- n. MY TOTAL MONTHLY EXPENSES ARE
 (add a. through m.): \$ 0

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of TIMOTHY HUGGINS D.^{T-61979} for the last six months at [prisoner name]

CORCORAN II (SAP) where (s)he is confined.
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 3-13-08

[Signature] CCI
[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA CORRECTIONAL CENTER
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 29, 2007 THRU FEB. 29, 2008

ACCOUNT NUMBER : Y61979 BED/CELL NUMBER:
ACCOUNT NAME : HUGGINS, TIMOTHY ACCOUNT TYPE: T
PRIVILEGE GROUP:

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	08/29/2007		BEGINNING BALANCE					0.00
	ACTIVITY FOR 2008							
	02/27	VOR1	REST OVERPMT	RETAADJUST		42.30		42.30
	02/27	VOR1	ADMIN FEE-RES	RETAADJUST		4.23		46.53
	02/27	VOR2	REV. REST DUE	RETAADJUST		42.30-		4.23
	02/27	VOR2	REV. ADMIN FE	RETAADJUST		4.23-		0.00

* RESTITUTION ACCOUNT ACTIVITY

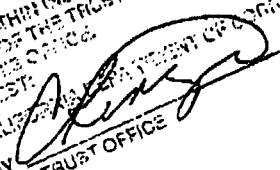
DATE SENTENCED: 07/29/02 CASE NUMBER: SF084226A
COUNTY CODE: SJ FINE AMOUNT: \$ 400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/29/2007		BEGINNING BALANCE		357.70
12/27/08	VOR1	REST OVERPMT ONLY	42.30	400.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/29/02 CASE NUMBER: SF084226
COUNTY CODE: SJ FINE AMOUNT: \$ 400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/29/2007		BEGINNING BALANCE		400.00
12/27/08	VOR2	REV. REST OVERPMT ONLY	42.30-	357.70

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
IN THIS OFFICE.
WITNESSED:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY: 
TRUST OFFICE

CALIFORNIA CORRECTIONAL CENTER
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 29, 2007 THRU FEB. 29, 2008

ACCT: T61979 ACCT NAME: RUGGINS, TIMOTHY ACCT TYPE: T

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

THE INFORMATION HEREIN IS A SUMMARY
OF THE TRUST ACCOUNT MAINTAINED
AT THIS
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY TRUST OFFICE

REPORT ID: TS3030 .701

REPORT DATE: 03/03/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 STATE/SP AT CORCORAN
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU MAR. 03, 2008

ACCOUNT NUMBER : T61979 BED/CELL NUMBER: FGB1T1000000140W
 ACCOUNT NAME : HUGGINS, TIMOTHY ACCOUNT TYPE: I
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
02/27/2008	H114	COPAY FEE, MED.	4392/20860	5.00
02/27/2008	H114	COPAY FEE, MED.	4392/52800	5.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/29/02 CASE NUMBER: SF084226A
 COUNTY CODE: SJ FINE AMOUNT: \$ 400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/01/2007		BEGINNING BALANCE		386.57
01/26/08	SU01	SYS TRANS - POS	28.87-	357.70
02/27/08	SU04	SYS UPDATE - NEG	42.30	400.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/29/02 CASE NUMBER: SF084226
 COUNTY CODE: SJ FINE AMOUNT: \$ 400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/01/2007		BEGINNING BALANCE		400.00
02/27/08	SU03	SYS UPDATE - POS	42.30-	357.70

REPORT ID: TS3030 .701

REPORT DATE: 03/03/08

PAGE NO: 2

SATF/SP AT CORCORAN
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU MAR. 03, 2008

ACCT: T61979 ACCT NAME: HUGGINS, TIMOTHY ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	10.00	0.00

CURRENT
AVAILABLE
BALANCE

10.00-

THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.ATTEST: MAR 03 2008
CALIFORNIA DEPARTMENT OF CORRECTIONSBY M. Jordan
TRUST OFFICE